



RECOVERY WORKS  
DIVISION OF MENTAL HEALTH AND ADDICTION  
RECOVERY WORKS WITS ACCESS FORM



All services and billing information for Recovery Works participants is captured in the Web Infrastructure for Treatment Services (WITS) System. Each provider at a Designated Recovery Works agency who will be using WITS needs a unique user name and password to enter data in the system. Please provide the full name (first and last name), email address, phone number and a unique email address for each provider (or staff member) at your agency who will be utilizing WITS. This form should be used to change and/or remove an individual's access to WITS.

This form **MUST** be signed by your agency's DARMHA new user designee.

Please contact the Recovery Works Staff if you have questions. When you have completed the form, it should be emailed to the Recovery Works staff at [Recovery.Works@fssa.IN.gov](mailto:Recovery.Works@fssa.IN.gov).

Name of Recovery Works Agency:	
Type of Request: <input type="checkbox"/> Add Access <input type="checkbox"/> Change Access <input type="checkbox"/> Remove Access	
Provider/Staff Needing WITS Access: <i>(first and last)</i>	
Work Telephone Number with Ext.: (     )	Other Telephone Number <i>(if available)</i> : (     )
Email Address:	
Level of WITS Permission: <input type="checkbox"/> Rendering Staff <input type="checkbox"/> Data Entry <input type="checkbox"/> Release to Billing <input type="checkbox"/> Read Only	
Signature of DARMHA Designee:	
Date:	
Print name of DARMHA Designee:	